Submit 3 copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

P.O. Box 1980, Hobbs NM 88240					WELL API NO.			
<u>DISTRICT II</u>	OIL CONSERVATION DIVISION				30-025-35277			
P.O. Drawer DD, Artesia NM 88210 P.O. Box 2088							211	
1000 Rio Brazos Rd., Aztec NM 87410 SUNDRY	IDTICES AND REPORTS	ON WELLS			State X			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFEREN™ RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					7. Lease Name ( VA-47	or Unit Agreement Na 73	ame	
1. Type of Well:					Cod	ono AVY	State	
OIL GAS WELL WELL XI OTHER								
2. Name or Operator			<del></del>		8, Well No.			
Yates Petroleum Corporation						1		
3. Address of Operator 105 South 4th., Artesia, NM 88210						9. Pool Name or Wildcat Wildcat Mississippian		
4. Well Location	) Foot From The	South	Line and	660	Feet From The	West	Line	
Unit Letter L 1980	Feet From The		Lille and	500	· -			
	nip 13S Range	34E	NMPM		Lea		COUNTY	
10.	Elevation (Show wh	hether DF, RK 4164'	B, RT, GR, etc.)					
Check Appropria	ate Box to Indicate		lotice Report	or Other Dat	<i>V////////</i> a	<u> </u>		
11. Check Appropria	ite box to indicate		10000, 100011	, •, • • • • • • • • • • • • • • • • •				
NOTICE OF INTENTION TO:  SUBSEQUENT REMEDIAL WORK  REMEDIAL WORK					T REPORT O		7	
PERFORM REMEDIAL WORK	PLUG AND ABANDON					ABANDONMEN		
TEMPORARILY ABANDON	CHANGE PLANS		CASING TEST A	ND CEMENT JOB		10, 110 0 1111 21		
PULL OR ALTER CASING	l		CASING TEST A	ND OLMENT TOD		_	_	
OTHER	<del></del>		OTHER					
12. Describe Proposed or Comdate of starting any proposed	npleted Operations <i>(C</i> d work) SEE RUI	learly state all LE 1103.	pertient details, a	and give pertiner	et dates, includ	ing estimated		
12-10-01 - Final report -	P&A							
Jim Krogman received ve		rom Garv W	/ink w/ Hobbs	OCD for plug	ging.			
om raognam roothou r		•		, -				
Used 4 yards of 6 sack r	edi- mix from 105'	to surface	& install dry ho	ole marker.		.*		
Job complete 1-8-2002.							<b></b>	
,								
I hereby certify that the information above a SIGNATURE  TYPE OR PRINT NAME Donna (	ena Cla	of my knowledge and	belief. TITLE	Operations '	Techician	<del></del>	1/14/02 505-748-147	
	= /): 4 0							
APPROVED BY  CONDITIONS OF APPE.C IF AN ,	Billy 2. 1	ruk	Ct Ct	<del>MPLIANC</del> E	OFFIGER =	<del>U.</del>	= }	

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